

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No. <b>501.40207VX1</b>	
		First Inventor <b>N. Hasegawa, et al.</b>	
		Title <b>MANUFACTURING METHOD OF PHOTOMASK AND PHOTOMASK</b>	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		Express Mail Label No.	

<b>APPLICATION ELEMENTS</b> SEE MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450
---	---

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages: <b>139</b> ] (preferred arrangement set forth below)	a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on:
-Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R & D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure	i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets: <b>73</b> ]	c. <input type="checkbox"/> Statements verifying identity of above copies
5. Oath or Declaration [Total Sheets: <b>4</b> ]	
a. <input type="checkbox"/> Newly executed (original or copy)	
b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed)	
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) Named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	

<b>ACCOMPANYING APPLICATION PARTS</b>	
9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s))	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)
11. <input type="checkbox"/> English Translation Document (if applicable)	12. <input checked="" type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Citations Statement (IDS)/PTO-1449
13. <input checked="" type="checkbox"/> Preliminary Amendment	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. <input checked="" type="checkbox"/> Other: <b>Credit Card Payment Form; Letter and Claim For Priority</b>	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation    ☒ Divisional    ☐ Continuation-in-part (CIP)    of prior application No.: **09/881,701**

Prior application information: Examiner: **Sagar** Art Unit: **1756**

**For CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number	<b>020457</b>	OR <input type="checkbox"/> Correspondence address below
Name <b>ANTONELLI, TERRY, STOUT &amp; KRAUS</b>		
Address <b>1300 NORTH SEVENTEENTH STREET</b>		
City <b>ARLINGTON</b> State <b>VA</b> Zip Code <b>22209</b>		
Country <b>United States</b> Telephone <b>703/312-6600</b> Fax <b>703/312-6666</b>		
Name (Print/Type) <b>William I. Solomon</b>		Registration No. (Attorney/Agent) <b>28,565</b>
Signature <i>William I. Solomon</i>		Date <b>October 17, 2003</b>

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

 17858 U.S. PTO  
 10/686723


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL  
for FY 2003**

Effective 01/01/2003. Patent fees are subject to annual revision.

Complete if Known	
Application Number	TBD
Filing Date	October 17, 2003
First Named Inventor	N. Hasegawa, et al.
Expected Examiner Name	K. Sagar
Expected Art Unit	1756
Attorney Docket No.	501.40207VX1

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None	
<input type="checkbox"/> Deposit Account:	
Deposit Account Number 01-2135	
Deposit Account Name ANTONELLI, TERRY, STOUT & KRAUS	
The Commissioner authorized to: (check all that apply)	
<input type="checkbox"/> Charge fees indicated below <input type="checkbox"/> Credit any overpayments	
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application	
<input type="checkbox"/> Charge fees indicated below, except for the filing fee to the above-identified deposit account.	


  

FEE CALCULATION	
<b>1. BASIC FILING FEE</b>	
Large Entity Fee Code	Small Entity Fee Code
1001 770	2001 385
1002 340	2002 170
1003 530	2003 265
1004 770	2004 385
1005 160	2005 80
SUBTOTAL (1) 770	
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>	
Extra Claims	Fee from below
Total Claims 1	-20** = 0 x 18.00 = 0.00
Indep. Claims 1	-3** = 0 x 86.00 = 0.00
Multiple Dependent	290.00 = 0.00
SUBTOTAL (2) \$ 770.00	
**or number previously paid, if greater; For Reissues, see above.	

FEE CALCULATION (continued)	
<b>3. ADDITIONAL FEES</b>	
Large Entity Fee Code	Small Entity Fee Code
1051 130	2051 65
1052 50	2052 25
1053 130	1053 130
1812 2,520	1812 2,520
1804 920*	1804 920*
1805 1,840*	1805 1,840*
1251 110	2251 55
1252 410	2252 205
1253 930	2253 465
1254 1,450	2254 725
1255 1,970	2255 985
1401 320	2401 160
1402 320	2402 160
1403 280	2403 140
1451 1,510	1451 1,510
1452 110	2452 55
1453 1,300	2453 650
1501 1,300	2501 650
1502 470	2502 235
1503 630	2503 315
1406 130	1460 130
1807 50	1807 50
1806 180	1806 180
8021 40	8021 40
1809 750	2809 375
1810 750	2810 375
1801 750	2801 375
1802 900	1802 900
Other fee (specify) _____	
SUBTOTAL (3) (\$) 770.00	

SUBMITTED BY	
Name (Print/Type)	William I. Solomon
Signature	
Registration No. (Attorney/Agent)	28,565
Telephone	703.312-6600
Date	October 17, 2003

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): N. HASEGAWA, et al.  
Application No.: TBD  
Filed: October 17, 2003  
For: MANUFACTURING METHOD OF PHOTOMASK AND  
PHOTOMASK  
Expected  
Group: 1756  
Expected  
Examiner: K. Sagar

**LETTER**

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

October 17, 2003

Sir:

The undersigned notes that the above-identified application is presently being filed with a single claim, which is claim 23 of prior Application No. 09/881,701, in order to submit a proper non-provisional application. Applicants will be filing a Supplemental Preliminary Amendment in the above-identified application, for submitting claims to be examined in the above-identified application. If this Supplemental Preliminary Amendment is not in the application file at the time that the Examiner takes up the above-identified application for consideration, the Examiner is respectfully requested to contact the undersigned to determine status of such Supplemental Preliminary Amendment. The Examiner is thanked in advance for complying with this request.

Please charge any shortage in fees due in connection with the filing of this paper, including extension of time fees, to the Deposit Account No. 01-2135 (Case No. 501.40207VX1), and please credit any excess fees to such Deposit Account.

Respectfully submitted,

ANTONELLI, TERRY, STOUT & KRAUS, LLP

A handwritten signature in black ink, appearing to read "William I. Solomon", with a long horizontal flourish extending to the right.

William I. Solomon  
Registration No. 28,565

WIS/sjg